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## CHANGE OF PHARMACIST-IN-CHARGE (PIC)

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Pharmacy Name \_\_\_\_\_ Pharmacy Permit No \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Incoming PIC

RPh Name \_\_\_\_\_

RPh Lic # \_\_\_\_\_

Hours Worked per week in New Position \_\_\_\_\_

### Previous Employment

Pharmacy License # \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_  
\_\_\_\_\_

Previous Position \_\_\_\_\_  
(e.g., staff, pharmacist-in-charge, etc.)

### Departing PIC

RPh Name \_\_\_\_\_

RPh Lic # \_\_\_\_\_

Hours Worked per week in New Position \_\_\_\_\_

### New Employment

Pharmacy License # \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_  
\_\_\_\_\_

New Position \_\_\_\_\_  
(e.g., staff, pharmacist-in-charge, etc.)

An inventory of the following drugs was taken on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Signature of Incoming PIC \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Signature of Departing PIC \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

PLEASE COMPLETE AND MAIL OR FAX TO:

KENTUCKY BOARD OF PHARMACY  
SPINDLETOP ADMINISTRATION BLDG., STE 302  
2624 RESEARCH PARK DRIVE  
LEXINGTON, KY 40511  
FAX NO. 859-246-2823